

**Application Form**  
**Setback Waiver/Fence Waiver Review**  
Maricopa County Department of Transportation  
2901 W. Durango Street, Phoenix, AZ 85009  
Office: (602) 506-8792 Fax: (602) 506-4069

1. Name: John Doe Tel: ( ) Home
2. Mailing Address: City/State/Zip Tel: ( ) Office/Mobile
- Parcel Number/Site Address Tel: ( ) Fax
3. Location of Request: Parcel Number/Site Address
4. Description of Request: North, South, East, or West line (side) of said Parcel or Site Address
- Comments or Reason for your Request or Attach a Letter and all Documents that will support your Request

Applicant agrees to the conditions set forth below. \*

Signature of Applicant **(#1)**: John

\*DO NOT FILL OUT ANYTHING BELOW THIS LINE\*

**FOR COUNTY USE ONLY:**

5. Copy of Property Deed Attached Yes No Sect.     , T      - R
6. Assessors Tax Parcel Book      Map      Parcel No.
7. Building Permit Number (If applicable)
8. Type of Request: (mark appropriate item(s))
- a.      Road Setback Waiver:  
     Full  
     to      Reduction

b.      Fence Setback Waiver

     Fee **-\$75.00 per Alignment**
9. Fee: \$      Receipt #:      Date:      Rec'd. By:

Comments:     

**\*Conditions:**

(#1) Requires Applicant to be the current owner of property.  
(Or legally authorized to represent the owner, proof must be submitted with this form)